

## MENTAL HEALTH UPDATE

### March 12, 2008

### PRINCIPLES OF RECOVERY

*Recovery is personal. It is self-directed. While different for each individual, we strive to keep recovery principles at the forefront of our work. Each issue of the Mental Health Update will highlight a principle of recovery, based on SAMHSA's consensus statement.*

**Non-Linear:** Recovery is a process of continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness when a person recognizes that positive change is possible. This awareness enables the consumer to fully engage in the work of recovery.

Strengths-Based \* Peer Support \* Respect \* Responsibility \*  
Hope \* Self-Direction \* Individualized & Person Centered \*  
Empowerment \* Holistic

\* \* \* \* \*

### ADULT MENTAL HEALTH

#### **Frank Reed Appointed Director of Mental Health Operations for DMH**

Commissioner Hartman has announced that Frank Reed, who has been at the department for over 7 years, has been hired into a new position, Director of Mental Health Operations for DMH. Frank has most recently been the DMH Director of the Adult Unit for mental health services, and began his new duties (while still covering his former ones) last week. With over 25 years of experience in mental health at both community and state levels Frank comes to this new role with rich experience and a strong understanding of the Vermont public mental health system. The Operations Director is a redefinition of the former Director of Mental Health Services and a first step toward changes in the organizational structure of DMH to help adjust our work as the newest department of state government. In his new role Frank will be a key player in the day to day operation of departmental efforts to continue to work with partners in the mental health system toward the goal of effective and more accessible services. The Director of Adult Mental Health Services position will be recruited over the coming weeks.

#### **CRT Co-occurring Diagnosis Rates Continue to Climb**

CRT co-occurring substance abuse and mental health diagnoses reported to the MSR database as of the end of the 2007 calendar year was 29%. This is an increase of 41% since the designated agencies began their efforts to recognize and treat CRT consumers with co-occurring mental health and substance use diagnosis. CRT programs are making a final push to review all diagnosis so DMH can begin to run the first statewide evaluation comparing outcomes of co-occurring CRT consumers with CRT consumers

without co-occurring diagnoses. The evaluation will look at service utilization, employment, psychiatric hospitalizations, and trouble with the criminal justice system. A final report on the findings is expected late this Spring.

### **Federal Agency to Monitor Homeless Outreach Efforts for Consumers with Mental Illness**

On April 30, May 1 and May 2, the Department of Mental Health (DMH) will host a site visit team from the federal formula grant program funded through Projects for Assistance in Transition from Homelessness (PATH). PATH program funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services. Preparations are already underway for the upcoming visit. The three-day agenda will include meetings with statewide DMH administration, statewide PATH providers, consumers and family members. In addition, the site visit team will participate in the review of this year's intended-use plans and budgets submitted by each provider. Finally, the team will spend time reviewing the Department's Homeless Management Information System as it pertains to the PATH Program. Vermont gets \$300,000 per year in PATH funding for seven providers scattered across the state. In combination with funding from other sources, the PATH grant serves between 600 and 700 homeless individuals annually.

## ***CHILDREN'S MENTAL HEALTH***

### **2008 Priority Recommendations for Interagency System of Care**

The Act 264 Advisory Board has formulated and released its 2008 priority recommendations for the Interagency System of Care as required by Act 264 legislation. After an intensive process of surveys and interviews in late 2007, and subsequent debate by the members of the Board, the recommendations have been formulated and shared with the relevant leadership of the Agency of Human Services and the Department of Education, the members of the State Interagency Team and the Local Interagency Teams. The recommendations focus on the following areas:

- infrastructure support for the expanded mission of Act 264 under the AHS/DOE Interagency Agreement of 2005;
- financial support for the work of the Peer Navigators as the grant ends in FY09;
- a white paper to explore the implications of the move to permanency for the system of care, with a special focus on adoption; and
- the need to expand the input and the services provided to youth transitioning to adult life between the ages of 18 and 24.

A complete copy of the specific recommendations can be found at <http://healthvermont.gov/mh/boards/cafu/documents/act2642008recs.pdf>

### **Share Your Voice - Feedback on the CSP Process Sought!**

Have you been a member of a team that developed a Coordinated Services Plan (CSP) for a youth in Vermont between July 1, 2007 and May 1, 2008? If so, we invite you to complete a short survey (less than 10 minutes) to share your voice about how well this process has worked.

The Vermont Department of Education and Agency of Human Services want to improve CSPs for youth and families. In order to accomplish this, it is essential that we hear from you --- parents, youth, educators, service providers, and all CSP team members.

If you interested in learning more or want to take the survey, click the following link <http://vtcsp.blogspot.com>)

If you have any questions about this survey, please contact Jesse Suter from UVM, who is under contract with the state implementation team to conduct this evaluation. at (802-656-1130) or e-mail ([jesse.suter@uvm.edu](mailto:jesse.suter@uvm.edu)).

### **Working with Youth Conference**

The Department of Mental Health is helping to sponsor the **3<sup>rd</sup> Annual Working with Youth Conference** at the Killington Grand Hotel on Friday, April 18<sup>th</sup>, 2008. The conference will feature keynote speaker Dishon Mills, a youth advocate and community organizer from Boson, known for his successful work on improving and vitalizing Boston's after-school youth programs. The conference will also provide nearly 30 workshops focusing on providing best-practice mental health treatment, developing creative programs that work with youth, involving youth in advocacy, and supporting and retaining quality providers. For more information, contact Conference Coordinator Diane Robie at: [drobie@shoreham.net](mailto:drobie@shoreham.net) or 802-948-2435.

### **CAFU Poster Presentation on Evidence-Based Approach to Treatment Evaluation Project**

On February 25<sup>th</sup>, the Vermont Department of Mental Health's Child, Adolescent and Family Unit presented information about its evidence-based approach to treatment evaluation at a poster session at the 21<sup>st</sup> Annual Research Conference *A System of Care for Children's Mental Health: Expanding the Research Base*. The conference is held annually at the University of South Florida's Research and Training Center for Children's Mental Health in Tampa, Florida.

The Child, Adolescent and Family Unit implemented systematic empirically-based procedures for its Intensive Services Programs in 2004. This was a pilot project in partnership with the University of Vermont's Department of Psychiatry. The Intensive Services Programs (ISP) serves children with acute psychological problems through a network of community mental health centers.

The project had two main goals. First, the project was designed as a resource for clinicians working with children in acute psychological distress to regularly provide them with standardized data about the children's emotional, behavioral, and social functioning using *The Child Behavior Checklist* (CBCL; Achenbach & Rescorla, 2001). Second, the project aimed to test the feasibility of a system-wide implementation of data-based approaches to program evaluation in community settings.

Findings of the project were generally positive for both goals. Overall, a trend toward a reduction of emotional, behavioral and social problems was reported over time. In addition, there was an increase in the children's strengths and competencies. Also, clinicians involved in the project found the data helpful as it continuously informed their work with families. Although the study had some limitations, the results strongly support the feasibility of evidence-based procedures for treatment evaluation in community mental health settings.

Details of the project, data results, and more information are available on our website or by contacting Melissa Bailey or Laurel Omland at 652-2000. The 2'x3' poster is also on display in suite 201 at 108 Cherry Street in Burlington.

## ***FUTURES PROJECT***

### **10 Consulting Agencies Respond to Care Management Request For Proposals (RFP)**

Ten consulting firms submitted letters of intent to submit a full proposal for the design of an adult mental health care management system. This begins the process of reviewing proposals to determine which one would most appropriately respond to the criteria and goals of the RFP. The care management system is an integral component of the Futures Project and will be an essential tool for determining the transition of individuals to the most clinically appropriate level of care. The consulting agencies have until March 28 to submit their proposals. A review panel will be convened to review the proposals and recommend a final bidder to DMH.

### **RRMC To Hold Community Forum**

The Rutland Regional Medical Center will hold a community forum on March 17<sup>th</sup> beginning at 5:00 p.m. The meeting will take place at the Medical Center in the CVPS Leahy Center, ground floor. Preliminary plans for a new psychiatric inpatient facility and programming will be presented. Members of the public are encouraged to attend to offer feedback about the plans.

## ***VERMONT INTEGRATED SERVICES INITIATIVE (VISI)***

### **Spotlight on Best Practice**

- **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- **Treatment needs to be readily available.** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
- **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

To find more of NIDA's (National Institute on Drug Abuse) principles of treatment, please visit: <http://www.nida.nih.gov/PODAT/PODAT1.html>

### **ASAM Training**

VISI will be hosting an *ASAM training* conducted by Dr. Todd Mandell on Tuesday, March 18 from 1 pm to 3 pm at the Fletcher Free Library community room on College Street in Burlington. This training is free but space is limited. Please RSVP to Patty Breneman. [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us) or 652-2033.

### *About the ASAM Training*

The American Society of Addiction Medicine's Patient Placement Criteria-2 identifies six areas of clinical acuity that are cross-walked to the range of levels of care across the continuum. The dimensions take into account both substance abuse and mental health disorders and can serve, not only as a way of determining level of care needs, but as a basis for case formulation and treatment planning.

The seminar will cover an overview of the ASAM PPC-2 criteria and its utilization as a placement tool as well as its use for case formulation and treatment planning.

Participants will be able to:

- Utilize the PPC-2 cross walks to identify level of care for patients
- Formulate a case and treatment plan using the ASAM Dimensions

### **Co-occurring Disorders (COD) 101 Training**

VISI will be hosting a COD 101 training conducted by Dr. Anthony Quintilliani on April 24 and 25 at the Community College of Vermont, lower level 7 class room on Cherry Street in Burlington.

- Attendants will be able to define co-occurring disorders using the DSM-IV Axis 1-3 with a focus on how the disorders may interact
- Attendants will be able to identify symptoms associated with substance use that may mimic functional mental health conditions and be able to work toward improving skills that may better help define the nature of the problem.
- Attendants will understand the relevance of the History of Present Illness in case formulation and treatment planning

Please RSVP to Patty Breneman. [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us) or 652-2033.

### **VISI Resources**

Please check out the VISI website at <http://healthvermont.gov/mh/visi/index.aspx>

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us) or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

## ***VERMONT STATE HOSPITAL***

### **Department of Justice (DOJ) Visit**

The Department of Justice was at Vermont State Hospital March 3-6 to conduct a survey for evaluating progress on meeting the provisions of the settlement agreement between the State and DOJ.

Feedback from the exit interview includes:

- Medical Director Dr. Thomas Simpatico was praised for changes made in the physician's clinical documentation.
- Social Work, Therapeutic and Recovery Services, Psychology and Nursing assessments were evaluated as very good.
- The emergency involuntary procedures notification system (provided so staff can consider making changes to the treatment plan) was cited as excellent.

- The treatment planning process is “headed in the right direction” with more work needing to occur.
- Training and Education is “very good” and the emergency drills and debriefings were commended.

Executive Director Terry Rowe commended the Quality Management and legal staff for doing an excellent job of preparing for the survey, and thanked the staff for their efforts.

The next follow up survey by the DOJ is scheduled for October, 2008.

### **Group Skills Training**

At Vermont State Hospital, therapeutic groups are facilitated by Therapeutic and Recovery Services staff, psychologists, social workers, and nursing staff. With the current focus on ensuring staff competency, Group Skills training was offered for members of Therapeutic Recovery Services team and nursing staff. Conducted by VSH psychologists Laurence Thomson, PhD, and Elliot Benay, MA, the training included why groups are used as a treatment option, how to be a group leader, organizing the space for the group and organizing the group session itself. After the formal classroom training, group leaders are observed by Patrick Kinner, LCMHC, and senior staff from Therapeutic Recovery Services to provide any needed feedback to ensure competency in facilitating groups.

### ***VERMONT STATE HOSPITAL CENSUS***

The Vermont State Hospital Census was 45 as of midnight Tuesday. The average census for the past 45 days was 42